

## Key Stakeholder Interview Findings

As part of the HIV/AIDS housing needs assessment and planning process, key stakeholders representing HIV/AIDS housing and services, affordable housing, behavioral health, and other community agencies were interviewed about the challenges and opportunities experienced in working to meet the housing and related service needs of low-income residents of King County. Key findings include:

- Housing and service providers are struggling to meet increasingly complex needs presented by a growing number of individuals affected by HIV/AIDS, homelessness, mental illness, and substance use.
- Stakeholders recognize the ongoing need to build better understanding of and support for an increasingly diverse population, including communities of color, women, youth and young adults, immigrants and refugees, and people without documentation.
- Consumers and providers across the community are challenged by the limited housing options available to individuals with a history of incarceration.
- Housing for individuals and families with extremely low incomes is limited, and housing developers are facing more barriers to creating and maintaining service-enriched housing units.
- Helping individuals build strong independent living skills and providing ongoing social and service support is a critical component for keeping people successfully housed.
- The HIV/AIDS housing and service system is impacted in a multitude of ways by a diverse population with more complex lives who are struggling to secure and maintain housing in a difficult market.

More than 150 key stakeholders were interviewed in individual and group meetings held throughout King County. Stakeholders were asked about existing community resources for people with low incomes in general and people living with HIV/AIDS in particular, as well as their perceptions of related unmet needs. AIDS Housing of Washington (AHW) staff conducted the interviews. A complete list of key stakeholders and their agency affiliations appears at the beginning of this plan.

### Findings from Key Informant Interviews

#### **Housing and service providers are struggling to meet increasingly complex needs presented by a growing number of individuals affected by HIV/AIDS, homelessness, mental illness, and substance use.**

In almost every interview, key stakeholders discussed the increasingly complex lives of the people they are serving. Many individuals and families seeking assistance from service and housing systems across the community, including the HIV/AIDS system, face challenges related to substance use, mental illness, and homelessness that significantly impact their ability to access and maintain housing. For some individuals, their HIV infection may not be as pressing as these other issues. For others, HIV/AIDS may open up the pathway to access support and services for the first time. Resources within the HIV/AIDS continuum are being stretched as providers try to meet the multiple needs of clients, growing both in numbers and level of severity. As a result, many

providers expressed their concern and frustration at the prospect of overwhelming their staff and organizational mission by serving a growing number of harder-to-house clients.

People with service needs related to HIV/AIDS, homelessness, mental illness, and substance use sometimes experience life as so chaotic that they cannot maintain housing. Some key stakeholders believe that those who are most at risk or those with the fewest options and greatest service needs should be prioritized for assistance. These individuals make up a small segment of those served by the HIV/AIDS system, but one that is quite time consuming and difficult to serve. Some cautioned against defining a population of people whose needs simply cannot be met through the available systems. One stakeholder commented that with deep services some people with significant life challenges will succeed and others will not.

### ***Homelessness***

Individuals with histories of homelessness are served through the AIDS housing system. In some cases, an episode of homelessness is an isolated experience, and intervention is fairly straightforward. Key stakeholders involved in the needs assessment most frequently discussed issues related to chronic or cyclical homelessness and the related challenges experienced by providers and clients.

Entering housing can be destabilizing for some homeless people because it can result in a loss of income (now needed to pay rent), identity, and increased isolation from friends and community. Some providers discussed their value of getting a person into housing as quickly as possible and layering in the specific support services needed to keep that person housed. Other stakeholders observed that the services for chronically homeless people are fragmented, and that this population will naturally need and use a higher level of resources.

While a specific definition of homelessness is used to define eligibility for certain federal resources through the homeless and affordable housing systems, the AIDS housing system operates under a broader definition of homelessness. Eligibility can thus differ between programs, creating at times a chaotic situation for individuals in different programs and for providers. For example, units funded with federal McKinney-Vento Homeless Act funds are required to operate under a definition of homelessness that is more limited than that used by the AIDS housing system. Some providers believed that more housing resources are available for families and individuals that are homeless compared to those at risk of homelessness.

### ***Mental Health***

Many key stakeholders identified the decreasing resources available through the mental health system as a barrier to meeting the needs of clients. The mental health system is taxed by decreases in funding, limits on service provision, increasing caseloads, and a move toward community-based living environments. Mental health issues can be a significant barrier to housing stability and success. Service providers are seeing more untreated mental health issues among people living with HIV/AIDS which makes follow-through difficult for the client and presents challenges in group living and other community environments. As well, there is a lack of appropriate housing units in the AIDS housing system for people with serious mental health issues. Providers discussed the importance of ongoing services to support individuals with mental illness to live independently in the community.

### ***Substance Use***

Current or past substance use was repeatedly mentioned as a barrier to housing stability for people living with HIV/AIDS. For those who want to enter treatment, there are limited options available, resulting in long waits for access. These waiting periods are an impediment for those who are seeking to make change in their lives. Specifically, key stakeholders identified a need for more funding for inpatient substance use treatment and halfway/recovery houses. Maintaining sobriety can be especially difficult for individuals living in neighborhoods or buildings with drug activity. For some, trying to stay clean and sober given available AIDS housing options is a challenge.

### ***Impact on Housing***

Property managers, housing advocates, case managers, and others mentioned screening practices in AIDS-dedicated, subsidized, and market-rate housing. Over time, screening criteria have increased and key stakeholders note that more potential tenants are not meeting the minimum criteria for various reasons, including recent evictions, lack of rental history, negative references, and a lack of forthrightness on the tenant's application. Stakeholders share the perception that some providers more readily limit whom they will serve while others will work with potential tenants to address previous issues that would disqualify them from housing.

Many key stakeholders noted that mistakes follow people through various systems, and that there is limited tolerance for those who cycle through the same system for different reasons. Providers discussed the importance of understanding of the culture and operations within other service systems, and more importantly, to demonstrate tolerance for individuals struggling with addiction, mental illness, or chronic homelessness. One provider commented that systems chronically fail people by creating more obstacles. Another stakeholder who works in the chemical dependency arena would like to see increased skill and comfort among providers serving individuals who are currently using.

**Stakeholders recognize the ongoing need to build better understanding of and support for an increasingly diverse population, including communities of color, women, youth and young adults, immigrants and refugees, and people without documentation.**

Key stakeholders identified challenges in meeting the needs of diverse populations, including communities of color, women and families with children, youth and young adults, immigrants and refugees, and people without legal documentation. Stakeholders discussed the importance of building and expanding cultural competency within service agencies and housing programs, and the need for actively engaging more participation and leadership among various constituencies.

### ***Communities of Color***

Key stakeholders discussed the importance of engaging community leaders and service providers from communities that are disproportionately impacted by HIV/AIDS and providing education about the need and available resources to these leaders, providers, and the general public. Stakeholders were concerned about perceived health disparities due to race and socioeconomic status and identified the need for additional outreach and prevention for broader populations, including elders.

Some key stakeholders called for greater cultural competency within agencies in the HIV/AIDS system as well as better understanding and reflection of diverse cultures within housing programs.

Specific barriers identified included language, privacy concerns, diverse cultural norms, and immigration status. Confidentiality and stigma continue to be barriers to accessing services and housing within many different cultures. Stakeholders expressed the need for increased cultural awareness and engagement of diverse staff.

### ***Women and Families with Children***

Key stakeholders noted that historically women have not been impacted by AIDS disabilities at the same rate as men. As a result, women have accessed fewer resources in the AIDS housing continuum. For women with children, however, stakeholders said that the most significant housing issue is ensuring that housing environments are appropriate for children. This included access to emergency housing that would accept children. Some providers discussed incidents of families being evicted from their housing because of the actions of their children.

Some stakeholders in the AIDS housing system feel that there are fewer resources available for single- and two-parent families with children and indicated they did not have enough information about housing and service resources outside the AIDS system that are dedicated to serving families. Other issues affecting women and families include domestic violence, victimization, low financial earning power, mental health issues, and substance use. Transportation becomes more complicated for families with children, especially for those living in King County outside of Seattle. In addition, leasing housing with partners can be difficult.

### ***Youth and Young Adults***

For youth under the age of eighteen, independent housing is almost non-existent in King County. For young adults eighteen or older, few options exist that are appropriate for and prepared to address the developmental needs of young adults. Key stakeholders discussed the self-perceptions of youth and young adults and their unwillingness to identify with or participate in the adult service and housing systems, including domestic violence programs, affordable housing, mental health programs, or substance use treatment.

Life skills development is another concern for youth and young adults as they experience independence and self-sufficiency for the first time in their lives. Most young adults have not established rental or credit histories to qualify for housing programs or to get housing in a competitive private market. Many young adults do not know how service and housing systems work. Most youth and young adults simply have not had time to develop the skills, education, or job experience to secure employment that would give them the financial resources to afford their own housing.

Some eligibility restrictions from funding sources can have unexpected impacts on young adults or anyone seeking to change their lives. For example, full-time students cannot rent units developed with low-income housing tax credits. A property manager related having to tell a resident that if she went back to school full-time she would need to move out of her housing unit.

### ***Immigrants and Refugees***

Key stakeholders identified a range of issues related to serving immigrants and refugees including language, confidentiality within family and community of origin, immigration status, and cultural adjustments to medical, service, and housing systems. Language was consistently identified as a barrier to reaching out for and accessing support, services, and housing for many immigrants and

refugees. One example given by a key informant was different cultural acceptance and tolerance of mental illness and the difficulty of participating in mental health therapy in one's native language.

Immigrants and refugees often come to the United States from two very different paths. Refugees are often fleeing their home countries due to persecution, political strife, or severe poverty. In some cases refugees may have lived in transitional environments or left their homes quickly before arriving in the United States and arrive with few possessions. Refugees are usually tested for HIV/AIDS during their immigration processing. For some, this may be the first time they learn of their status and their families may not know. Many immigrants without refugee status may be arriving in the United States with a family or network of relationships already established; however, they still might face some of the same issues. Immigrants are not typically tested for HIV/AIDS upon arrival.

Key stakeholders indicated that there is increased scrutiny of immigration status when accessing services and housing in the HIV/AIDS system, as well as through mainstream resources. This has made it challenging for consumers to get their needs met and has increased the amount of time case managers spend with these clients. While stakeholders expressed the most concern for those who lack proper documentation to be in the United States, it was noted that individuals who are in the country legally might still have limited access to resources because they are not citizens.

### ***People without Documentation***

Quite simply, it is difficult for those who lack documentation to meet their basic needs. Finding employment is challenging and often results in lower-paying jobs. If an individual is working under the table, they typically lack documentation of income required by landlords. Many people without documentation have no income, which limits access to housing programs that require some form of payment. Access to housing is further limited because certain funding sources require that providers serve only those with proper documentation. As a result, many individuals double up with families in overcrowded situations, or live in a unit where they are not on the lease and thus have no tenant rights.

One key stakeholder commented that providers who are inexperienced with the immigration system assume that it is relatively easy for a person to get proper documentation. Providers that suggest the process is simple and move forward without sufficient knowledge and skill can bring consumers to the attention of immigration authorities unnecessarily and thus put them in jeopardy. Another stakeholder raised concerns about concentrating people without documentation in a few small programs and noted that this creates fear among residents that immigration officials will be able to identify and target them.

Ultimately, individuals who experience such barriers in meeting their day-to-day needs cannot make full use of their capacities and abilities, which results in an immeasurable loss to the wider community.

**Consumers and providers across the community are challenged by the limited housing options available to individuals with a history of incarceration.**

A second issue that was raised by almost every key stakeholder was the challenge of housing for individuals with a history of incarceration. While a criminal history has long been a barrier to housing access, the issue resonated more deeply with a broader range of stakeholders, including AIDS housing program staff, affordable housing property managers, and service providers working across multiple disciplines. Housing access for individuals with a history of incarceration is a problem across the community; however, as the prevalence of HIV/AIDS nationally is higher among the prison population than the general population, post-release housing is expected to be a growing concern in the AIDS housing continuum.

An increasing number of people with a history of incarceration, particularly for drug offenses, and more stringent eligibility requirements for housing programs challenge consumers and providers alike. Private landlords, public housing authorities, and low-income housing programs regularly screen applicants, and many exclude those with certain felony offenses or those who have been released from jail or prison within the past five years. Some housing programs have begun to limit or exclude ex-offenders from their programs due to a history of tenant disruption and property damage. Property managers have expressed the need for more social and behavioral supports to help challenging tenants maintain their housing and live productively among the community of residents. Service providers and housing advocates are feeling the pinch between limited resources for service support and fewer housing options open to clients with a history of incarceration. Subsidized permanent housing is almost non-existent for individuals with a history of incarceration, and some programs are just beginning to turn away ex-offenders from transitional housing because they know there is no permanent housing solution available.

There are few programs specifically designed for ex-prisoners upon release. Thus, people leaving prison or jail, or those with recent criminal histories, have very limited options and are at the greatest risk for homelessness. For some within this population, literacy or language barriers result in even more limited access to the information and assistance they need. Some individuals have simply no resources available within the network of mainstream and subsidized housing given their convictions for certain crimes, such as sex offenses, arson, or murder.

Key stakeholders offered various suggestions about how the community could better meet the housing-related needs of people with a history of incarceration:

- Some property managers and service providers wondered how they might more regularly assess the circumstances of each housing applicant's conviction when determining eligibility rather than excluding people based on the nature of the offense alone.
- A number of key stakeholders identified the need to increase liaisons with the Department of Corrections and to gain a better understanding of the resources available through that system.
- Creative strategies are needed to serve this population. For example, HOPWA funding is quite flexible and could provide long-term housing options for people with criminal backgrounds through tenant-based rental assistance, but currently HOPWA is not used to fund such a program.



**Housing for individuals and families with extremely low incomes is limited, and housing developers are facing more barriers to creating and maintaining service-enriched housing units.**

There is limited affordable housing available to residents of King County at the lowest income levels, including those living with HIV/AIDS. Key stakeholders reported that the rental market has softened during recent years, but this has not had a positive effect on King County households earning 30 percent of Median Family Income (MFI) or below, approximately \$15,000 per year or less, which includes full-time minimum wage workers and most people living on disability income. Affordable housing providers have long waiting lists for their units targeting the lowest income tenants; at the same time some are having some difficulty filling units that target people at 40 to 50 percent of MFI who now have more options on the open market. Individuals with very low incomes often experience additional barriers to housing stability including poor rental experiences or lack of rental history and poor credit.

The Section 8 Program has been and continues to be an important resource in the provision of affordable housing throughout the county, in both tenant-based rental programs (Housing Choice Voucher) and through project-based subsidies. At the time many of the interviews were conducted, the expected impacts of federal fiscal year 2004 budget decisions and guidance on Section 8 programs was just beginning to be understood, and many stakeholders, from housing developers to service providers, raised serious concerns about the pressures on the Section 8 program and the impact changes will have on providers and consumers alike. Vouchers in the dedicated AIDS housing continuum have already been recalled to the public housing authorities because they were no longer being used. Previously those vouchers were available to other tenants on the AIDS housing waiting list.

***Affordable and Low-Income Housing Development***

King County has a network of strong affordable housing developers, with a long history of partnering to serve people with special needs, including those living with HIV/AIDS. Housing developers identified a number of barriers to the creation of additional units that have resulted in slower production and more complicated funding packages. Developers reported that it is harder to secure the funding needed for construction because property is more expensive and there is increased competition for available funds. In the current funding environment, developers must serve people with special needs in order to put together competitive applications. Coordination with service providers and attentiveness to funding essential services for potential tenants are paramount. For most social service funding streams, however, funding is allocated on an annual basis and providers are reluctant or unable to make long-term commitments as a partner in housing developments.

As developers increase the proportion of units that serve special needs populations, some have concerns about overwhelming their agency's core mission, which is the provision of housing to low-income people generally, as well as meeting their obligations over the forty to fifty year life of the project. As housing development funding sources are combined to make a project feasible, complexities related to eligibility, reporting, and compliance increase pressure on property managers. Both property managers and service providers expressed the need to ensure that funding was available to support people to be successful in housing and concern about the availability of such funding.

More affordable and subsidized housing is needed throughout the county. Challenges to development include jurisdictional differences related to: the level of resources available to support affordable housing development, varying policies and levels of political will and support, and in some communities concerns about “fair share” of resources. More people appear to be willing to move into suburban areas of the county but still have to travel to Seattle for services. Stakeholders indicated that the service system might need to partner with existing providers in these areas to maximize resources and opportunities.

There were concerns expressed about the success and challenges of mixing populations within a housing development, although mixed-use development is getting more common. Specifically, key stakeholders identified challenges with housing formerly homeless and non-homeless together, and combining transitional and permanent units in the same building.

Another challenge identified by affordable housing providers related to the marketing of low-income housing projects. Some people who work full-time might have the perception that they are not eligible for affordable housing programs, and thus do not consider that option when they are looking for housing. Some current residents do not want attention drawn to the building they live in as a “low-income” housing project.

### ***AIDS Housing Development***

Many AIDS housing resources have been developed through partnerships between the AIDS system and low-income housing developers. One key stakeholder mentioned that perception that the AIDS system is not efficient in keeping these units full. Ongoing service coordination was another area of concern for property managers.

Some providers suggested that the AIDS housing system could broaden how it uses housing development resources by building more housing of “very good” quality and fewer units that are of “exceptional” quality, thereby increasing total housing units available.

### **Helping individuals build strong independent living skills and providing ongoing social and service support is a critical component for keeping people successfully housed.**

Key stakeholders consistently identified limited life skills as a barrier for individuals securing and maintaining housing long-term, including both soft skills (e.g., money management, cooking, and housecleaning) and hard skills (e.g., employment and literacy). Many housing and service providers believed that ongoing case management to coordinate additional service delivery and skill building is a critical component to keeping people housed. Providers spoke of the challenges in supporting individuals who have limited life skills, no prior history of independent housing, and may be managing complicated behavioral or physical health conditions. Some stakeholders suggested that more intensive services focused on stabilizing individuals and building independent living skills are needed.

Case management and housing advocacy caseloads are high, and providers struggle to handle increases. Once people are placed into housing, advocacy and follow up is limited because there are not enough resources to offer ongoing support to those who have already been placed in addition to providing assistance to those entering the system. This is particularly a concern for individuals experiencing dementia and other conditions as their health declines. Some housing providers expressed that long-term case management to coordinate service access should be enhanced and that



serving fewer individuals with a higher level of support would lead to increased success. This is particularly relevant as the HIV/AIDS system is serving increasing numbers of individuals who require a higher level of services.

Programs of the HIV/AIDS housing and service system were not originally designed to meet the needs of the complex population of individuals currently seeking and receiving services. Some stakeholders commented that the current case management system is not prepared to respond to 24-hour crisis needs, as are some other service systems. Some questioned whether each HIV/AIDS case manager has the level of training and knowledge necessary to manage the increasingly complex needs of people living with HIV/AIDS, including those related to substance use, mental illness, and histories of homelessness and/or incarceration. Some key stakeholders felt that the roles and responsibilities of various players—case managers and housing advocates for example—need to be more clearly articulated so that consumers and providers alike know what to expect from various entities.

Providers also have differing views on what agencies should take responsibility for primary case management for clients with multiple needs. Some HIV/AIDS providers feel clients are “dumped” into the HIV/AIDS system when other systems are better equipped to address more chronic issues, such as severe mental illness. Providers in some of the other systems feel the HIV/AIDS system is better funded and has more resources. These perceptions affect how agencies do, and do not, work together and how they approach discharge planning from other service or institutional environments. However, resources for case management in all service systems are limited, including HIV/AIDS, mental health, and substance use. The result is multiple systems that work independent of each other and require clients to be put into categories to qualify for services. In some cases, if an individual cannot meet prescribed criteria then housing is not available.

**The HIV/AIDS housing and service system is impacted in a multitude of ways by a diverse population with more complex lives who are struggling to secure and maintain housing in a difficult market.**

Key stakeholders described what could be considered a tension in the HIV/AIDS housing and service system regarding where to focus resources, time, and energy. In very general terms, there are those who enter the system because they have lost income and economic independence due to illness, and there are those who enter the system having had few personal or financial resources to begin with and for whom HIV/AIDS may not be their most immediate concern. The AIDS housing continuum was originally designed to respond to those with the greatest level of need based on their health status. Increasingly, though, individuals with multiple challenges in addition to their HIV infection need assistance through the AIDS system. Providers are spending more time and resources on these harder-to-house populations than a number of years ago. While many feel that the system must respond to these increasingly complex needs, there is still a desire on the part of some to see the original intent of the AIDS housing system remain intact. Aside from the issue of who the system should serve, stakeholders identified the need to assess the appropriateness of resources currently used and to find ways to use scarce resources more effectively.

### ***Housing Flexibility and Choice***

Some key stakeholders saw the AIDS housing system as too regimented, as it does not allow individuals to move easily within the system as their housing needs change. Others raised concerns

about issues related to choice and entitlement and noted that these issues continue to impact individuals' willingness to move into certain resources within the system. Providers often discussed the desire to have more flexibility in resources and funding to be able to tailor services to address the unique circumstances of each client. At the same time, providers acknowledge the challenge of managing long waiting lists and of keeping existing housing units filled efficiently and successfully.

### ***Eligibility for AIDS Housing Resources***

At the time this plan was written, certification of AIDS disability by a doctor was a basic eligibility requirement for access to the majority of housing resources available through the AIDS housing system. Key stakeholders expressed differing opinions and questions about the effectiveness of that requirement given the changing populations of people living with HIV/AIDS. Some noted that the definition of "AIDS disability" is subjective and that different doctors evaluate the same individual in different ways. Others noted that some of those who do not meet the system's eligibility criteria have greater needs than some of those who do. There were concerns that broadening eligibility would overwhelm the system and housing advocacy resources. Others felt, however, that it was time to reshape eligibility in some way, in response to changing needs.

### ***Emergency and Transitional Housing Resources***

Many stakeholders recognized what a strong system of housing resources has been created in Seattle-King County. Some offered opinions about the quality of AIDS housing resources and needs for additional programs. Concerns about the quality of the emergency and transitional options available through the AIDS housing system were raised. Some key stakeholders would like to see the system fund a number of set-aside beds in some of the better shelters. William Booth House was identified as a potential partner in such an effort. Another stakeholder called for the development of a true transitional housing program, with onsite services and 24-hour staffing.

### ***Assisted Living and Skilled Nursing Resources***

Key stakeholders identified the need for skilled nursing and assisted living resources in the community. There are more people needing a higher level of care, after leaving assisted living, who are not eligible for skilled nursing. Multiple mentions were made of issues related to dementia and impaired judgment. The lack of resources to address this issue was highlighted. Other concerns include the lack of adequate health insurance and health-related issues, including Hepatitis C, Tuberculosis, and cancer.

### ***Collaboration and Information Sharing***

Some providers outside of the HIV/AIDS system indicated that they lacked good information about how HIV/AIDS impacts the populations they are serving, and desired better linkages to the HIV/AIDS housing and service system. Specific to the HIV/AIDS housing and service system, one stakeholder called for more education for Planning Council members on the scarcity of housing and related issues. Some felt strongly that mainstream resources were not used as regularly or as efficiently as they could be by advocates within the HIV/AIDS housing and service system. Many providers believe collaboration, information sharing, and cross training must increase in order to efficiently and effectively work with the growing number of clients with multiple needs. One housing provider wondered whether a stand-alone AIDS housing system was still needed today.

***System-Level Planning and Flexible Funding***

Key stakeholders identified the need for ongoing system-level planning to effectively meet the needs of an increasingly complex population of clients. Stakeholders identified the importance of continuing to be proactive on policy formation at the federal, state, and local levels. As one housing provider commented, “We know what to do, but we’re trying to do it with ridiculously limited funding resources.” The challenge is to build on successful grassroots efforts and to share lessons learned from pilot projects, even after the funding goes away. Providers encouraged the development of public/private partnerships and continuing to try new approaches that are “outside of the box.”